#### Standard Form 1152 (Rev. 11-91) Title 4, GAO Manual

1152-108

## DESIGNATION OF BENEFICIARY

# UNPAID COMPENSATION OF DECEASED CIVILIAN EMPLOYEE

IMPORTANT

Read Instructions on Page 2, before filling in this form

<b>Information Concerning the Employ</b>	ee:				
NAME (Last)	(First)	(N	1iddle)	DATE OF BIRT	<b>H</b> (month, day, year)
				/	/
				SOCIAL SECU	RITY NUMBER
				•	
(Department or agency)		(Bureau)		(Divis	sion)
I, the employee named above, canc	eling any and a	II previous Design	ations of Benefi	iciary heretofo	re made by me,
do now designate the beneficiary of payable after my death. I understand U.S.C. 5581, 5582,5583, and in now the Retirement or Group Life Insur Designation of Beneficiary will remarking, (2) I transfer to another ages Government.	r beneficiaries i d that this Desig way will affect th ance Acts appli nain in full forc	named below to re nation of Beneficia he disposition of a cable to my Gove ce and effect until	eceive any UNPA ary relates solely any benefit whic rnment service. (1) expressly c	AID COMPENS I to money due I may become I further unde thanged or rev	ATION due and as defined in 5 payable under erstand that this roked by me in
Information Concerning the Benefic	iary or Beneficia	aries:			
Type or print first name, middle initial, and last name of	Type or print add	dress (including ZIP Code) of ea	ach beneficiary	Relationship	Share to be paid to
each beneficiary	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		adir benendary	. totationinp	each beneficiary
I hereby direct, unless otherwise indicated predecease me shall be distributed equally amount shall be void if none of the designated beneficiar I hereby specifically reserve the right to concomptroller General of the United States, and we	ong the surviving bene ries is living at the tim ancel or change any	eficiaries, or entirely to the ne of my death. designation of beneficia	ne survivor. I understa ary, at any time, in th	and that this Desigr	nation of Beneficiary
(Date of execution - month, day, year)			(Signature of employe	ee)	
Witnesses to Signature:  (Signature of witness)		(Number and Street)		(City, State, a	nd ZIP Code)
(Signature of withess)		(Hamber and Oricet)		(Sity, State, a	2.11 0000/
(Signature of witness)		(Number and Street)		(City, State, a	nd ZIP Code)
PRINT OR TYPE NAME AND ADDRESS (INCI	LUDING ZIP CODE)	OF EMPLOYEE	THIS SPACE	E RESERVED FOR	R RECEIVING DATA
			'	OF EMPLOYING A	IGENCY
Γ					
·					
			(li	ndicate date and by who	m received)

#### Standard Form 1152

(Rev. 11-91) Title 4, GAO Manual 1152-108

### **DESIGNATION OF BENEFICIARY**

# UNPAID COMPENSATION OF DECEASED CIVILIAN EMPLOYEE

#### **IMPORTANT**

Read Instructions on Page 2, before filling in this form

Informa	ation Concerning the Employ	ee:		•		
NAME	(Last)	(First)	(Middle)		DATE OF BIRTH	(month, day, year)
					SOCIAL SECUR	RITY NUMBER
	(Department or agency)		(Bureau)		(Divisi	ion)
I, the employee named above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION due and payable after my death. I understand that this Designation of Beneficiary relates solely to money due as defined in 5 U.S.C. 5581, 5582,5583, and in no way will affect the disposition of any benefit which may become payable under the Retirement or Group Life Insurance Acts applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect until (1) expressly changed or revoked by me in writing, (2) I transfer to another agency, or (3) I am reemployed by the same or another department or agency of the Government.						
Informa	ation Concerning the Benefic	iary or Beneficiaries:				
Type or p	rint first name, middle initial, and last name of each beneficiary	Type or print address (inc	cluding ZIP Code) of each bene	ficiary	Relationship	Share to be paid to each beneficiary
I hereby direct, unless otherwise indicated above, that if more than one beneficiary is named, the share for any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.  I hereby specifically reserve the right to cancel or change any designation of beneficiary, at any time, in the manner and form prescribed by the Comptroller General of the United States, and without knowledge or consent of the beneficiary.						
	(Date of execution - month, day, year)	of execution - month, day, year) (Signature of employee)				
Witnesses to Signature:						
	(Signature of witness)		(Number and Street)		(City, State, ar	nd ZIP Code)
	(Signature of witness)		(Number and Street)		(City, State, ar	nd ZIP Code)
PRINT OF	R TYPE NAME AND ADDRESS (INCI	UDING ZIP CODE) OF EM	PLOYEE	THIS SPACE R	ESERVED FOR	RECEIVING DATA
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	'		1			
	L			<i>a</i>	oto doto	
				(Indica	ate date and by whor	n receivea)

IMPORTANT - The filling of this will completely cancel any designation you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any unpaid compensation payable at your death.

#### **EXAMPLES OF DESIGNATIONS**

#### **How to Designate One Beneficiary**

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Catherine M. Jackson*	2808 Southern Avenue Williams, Indiana 46728	Sister	All

#### **How to Designate More Than One Beneficiary**

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Susan L. Brown**	110 Prince Street		
	Anniston, New York 14607	Aunt	One-fourth
Mary Joe Carson	230 Duke Street		
	Anniston, New York 14607	Niece	One-fourth
Elizabeth H. Howard	2301 State Street		
	Weaver, Ohio 44405	Mother	One-half

### How to Designate a Contingent Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
William J. Johnson, if living	244 South Ann Street Olney, Georgia 31204	Father	All
Otherwise to: Sarah L. Johnson	244 South Ann Street Olney, Georgia 31204	Sister	All

#### How to Cancel a Designation of Beneficiary So That Amount Due Will Be Payable as Provided in the Law

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

<sup>\*</sup>Do not write name as C. M. Jackson or as Mrs. John H. Jackson.
\*\*Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.